

MAINE

PUBLIC HEALTH INFORMATION



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SUBJECT: Hepatitis B Screening and Vaccination of the Foreign-Born

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Maine Center for Disease Control and Prevention (Maine CDC)
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Hepatitis B Screening and Vaccination of the Foreign-Born

Background: May is Viral Hepatitis Awareness Month. Maine has an estimated 5,000 chronic hepatitis B virus (HBV) carriers; many of whom are foreign-born from regions with high endemicity of HBV infection. The Maine Center for Disease Control and Prevention (Maine CDC) is reminding health care providers about the need for screening of all foreign-born persons from high risk countries for hepatitis B virus infection. Hepatitis B vaccination should be offered to all susceptible patients. Chronic hepatitis B carriers require counseling and medical management to reduce their risk for developing chronic liver disease; their household, sex, and needle-sharing contacts also should also be tested, and if susceptible, vaccinated against hepatitis B.

Recommendations:

- **Identification of Persons who are Potentially HBsAg Positive**
 - All foreign-born persons, including children, should be tested for hepatitis B (HBsAg) regardless of vaccination status. This includes immigrants, refugees, asylum seekers, and internationally adopted children from regions with high endemicity of HBV infection--Africa, Asia, the Pacific Islands, and other regions (see Table)
---Retesting of persons who were tested for HBsAg in other countries should be considered.
- **Management of Persons Identified as HBsAg Positive**
 - **HBsAg-positive persons (including those tested during routine prenatal screening) should be referred** for evaluation to a physician experienced in the management of chronic liver disease. Certain patients with chronic HBV infection will benefit from early intervention with antiviral treatment, management of other conditions or behaviors that can contribute to disease progression, and/or screening to detect hepatocellular carcinoma at an early stage.
 - **Household members, sex partners, and needle-sharing contacts of HBsAg-positive persons should be identified.** Unvaccinated sex partners and household and needle-sharing contacts should be tested for susceptibility to HBV infection and should receive the first dose of hepatitis B vaccine immediately after collection of blood for serologic testing. Susceptible persons should complete the vaccine series using an age-appropriate vaccine dose and schedule. Persons who are not fully vaccinated should complete the vaccine series.
 - **Sex partners of HBsAg-positive persons should be counseled** to use barrier methods (e.g., condoms) to protect themselves from sexual exposure to infectious body fluids (e.g., semen or vaginal secretions) unless they have been demonstrated to be immune after vaccination (i.e., antibody to HBsAg

concentrations of ≥ 10 mIU/mL) or previously infected (anti-HBc positive). Partners should be made aware that use of condoms and other prevention methods might reduce their risks for human immunodeficiency virus (HIV) and other sexually transmitted diseases (STDs).

- **To prevent or reduce the risk for transmission to others**, HBsAg-positive persons should be advised concerning the risks of:
 - perinatal transmission to infants born to HBsAg-positive women and the need for such infants to receive hepatitis B vaccine and HBIG beginning at birth;
 - transmission to household, sex, and needle-sharing contacts and the need for such contacts to receive hepatitis B vaccine.
- **HBsAg-positive persons should also be advised to**
 - notify their sex partners about their status;
 - use barrier methods (e.g., condoms) to protect nonimmune sex partners from acquiring HBV infection from sexual activity until the sex partners can be vaccinated and their immunity documented (persons should be made aware that use of condoms and other prevention methods might reduce their risks for HIV and other STDs);
 - cover cuts and skin lesions to prevent spread through infectious secretions or blood;
 - refrain from donating blood, plasma, tissue, or semen (organs may be donated to HBV-immune or chronically infected persons needing a transplant; decisions about organ donation should be made on an individual basis); and
 - refrain from sharing household articles (e.g., toothbrushes, razors, or personal injection equipment) that could become contaminated with blood.
- **To protect the liver from further harm**, HBsAg-positive persons should be advised to
 - avoid or limit alcohol consumption because of the effects of alcohol on the liver;
 - refrain from taking any new medicines, including over-the-counter and herbal medicines, without consulting with their health-care provider; and
 - obtain vaccination against hepatitis A if chronic liver disease is present.
- **When seeking medical or dental care**, HBsAg-positive persons should be advised to inform those responsible for their care of their HBsAg status so that they can be evaluated and their care managed appropriately.
- **Other counseling messages** include the following:
 - HBV is not spread by breastfeeding, kissing, hugging, coughing, ingesting food or water, sharing eating utensils or drinking glasses, or casual contact.
 - Persons should not be excluded from work, school, play, child care, or other settings on the basis of their HBsAg status, unless they are prone to biting.
 - Involvement with a support group might help patients cope with chronic HBV infection.

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Table: Geographic regions with high hepatitis B virus endemicity:

Africa: all countries except Algeria, Djibouti, Egypt, Libya, Morocco, and Tunisia

Southeast Asia: all countries except Malaysia

East Asia: China, Hong Kong, Mongolia, North Korea, South Korea and Taiwan

Australia and South Pacific: all countries except Australia, Guam, and New Zealand

Middle East: Jordan and Saudi Arabia

Eastern Europe and Northern Asia: Albania, Armenia, Azerbaijan, Bulgaria, Croatia, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, Turkmenistan, and Uzbekistan.

Western Europe: Malta and indigenous populations in Greenland

North America: Alaska Natives and indigenous populations in Northern Canada

South America: Amazonian areas of Bolivia, Brazil, Columbia, Peru, and Venezuela

Caribbean: Turks and Caicos

Note: High endemicity = Hepatitis B surface antigen prevalence of $\geq 8\%$

Health care providers should report any acute or chronic cases of HBV to Maine CDC at 1-800-821-5821

For More Information: Questions or comments should be directed to Mary Kate Appicelli, Adult Viral Hepatitis Prevention Coordinator, at 287-3817.

Note: This document was adapted from the U.S. CDC MMWR: "A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices (ACIP), Part II: Immunization of Adults," found online at:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5516a1.htm>